

2021 Open Enrollment Guide

If you are **not making any changes** to your current dependents or to your Medical, Dental, Additional Life Insurance or Long-Term Disability plan, **DO NOT** submit a request via Employee Online. Current coverage and dependents will carry over to 2020.

Items You Will Need to Submit Your Open Enrollment Request

- ❑ 5-digit Employee ID Number and password
- ❑ Names, social security numbers, and birth dates of benefit eligible dependents
- ❑ 12-digit Primary Care Physician numbers for employee and each dependent if enrolling in a Blue Shield HMO plan: <https://www.blueshieldca.com/fad/home>
- ❑ Plan choices for Health, Dental, and Flexible Spending Accounts (FSA)
- ❑ Plan choice for other Optional Insurance Coverage (eligibility may be based on bargaining unit): Additional Life, Long Term Disability and Voluntary Short Term Disability
- ❑ Adding a dependent? Be sure to upload birth certificate, marriage certificate, etc. in Employee Online no later than **5:00 p.m. on November 13, 2020.**

Step1: Getting Started - Open Enrollment changes will only be accepted via the Employee Online (EO) system through 5:00 p.m. on November 13, 2020. To access the EO system and for detailed Open Enrollment information, please go to: www.riversideca.gov/human/benefits/benefit-open-enrollment.asp

Step 2: Dependent Information - Add, update or verify dependent information. Add a new dependent profile, update or verify an existing dependent record in the "Dependent Information" screen. **Adding a dependent profile does NOT add them to your medical and/or dental plan**, you must proceed to Benefit Selection to add/drop new and existing dependents to/from your medical and/or dental plans.

Open Enrollment 2020	Name	Relationship	Social Security Number	Birth Date	Gender	Certified
Benefits Msg Page Dependent Information Benefit Selection Add'l Life Ins. Deferred Comp OE Confirmation Personal Information Home Address Emergency Info Pay Information Leave Tracking Direct Deposit Check Stub Tax Info What If W2 Info Job Information Current Job Historical Jobs Benefits Benefits Msg Page Dependent Information Deferred Comp Add'l Life Ins. Insurance Other Benefits Benefits Summary	<p>Once added, dependent information will appear here</p> <p>Important Note: Adding a dependent does not automatically add your dependent to your Medical and/or Dental Coverage. You must proceed to Benefits Information (Insurance) screen to Review/Modify your Benefits and select the dependent you want to add to your Medical and/or Dental coverage.</p> <p>Dependent Social Security Number (SSN): Per the Federal Health Care Reform, employees must provide a valid SSN for each dependent. Please update/provide the SSN information as necessary. You are NOT required to provide copies of the Social Security Card(s).</p> <p>Dependent Certification: Proof of dependent eligibility, i.e. birth or marriage certificate, etc. must be provided to HR for newly added dependents. Documents can be uploaded through Employee Online via the link provided below, faxed to 951-826-2421, or brought in person to HR (City Hall - 5th floor). For a listing of acceptable documentation, click here. Per City policy, proof of dependent certification must be submitted to Human Resources no later than 60 days from the qualifying event date. Failure to provide the required documentation will result in the dependent being dropped from coverage effective the 1st of the month following the 60 days.</p> <p>*Dependent Certification Upload*: Please be sure to name your document per this titling protocol: EmployeeIDlastname#. You should indicate a different number at the end for multiple documents, for example: 12345smith1, 12345smith2, etc.</p> <p style="text-align: center;">Dependent Certification Upload</p> <p>Previous (Benefits Message Board) Next (Benefit Selection)</p> <p style="text-align: right;">Add</p>					



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City of Arts & Innovation

After entering your dependent's information, upload your dependent certification and click "Save"

Family and Dependents Information GUADALUPE RUIZ [? Help](#)

First Name: Middle: Last Name:

Relationship: Birth Date:

Social Security Number:

Gender:

Address: ☐ Check if same address as employee.

Street Address:

Dependent Certification:
Proof of dependent eligibility, i.e. birth or marriage certificate, etc. must be provided to HR for newly added dependents. Documents can be uploaded through Employee Online via the link provided below, faxed to 951-826-2421, or brought in person to HR (City Hall - 5th floor).

***Dependent Certification Upload*:**
Please be sure to name your document per this titling protocol: EmployeeIDlastname#. You should indicate a different number at the end for multiple documents, for example: 12345smith1, 12345smith2, etc.

[Dependent Certification Upload](#)

[Back](#) [Save](#)

Step 3: Benefit Selection - View and select your benefit coverage for the 2021 plan year in the Open Enrollment Benefit Selection screen.

EO Home

- Message Page
- Employee Directory
- Open Enrollment 2021**
 - Benefits Msg Page
 - Dependent Information
 - Benefit Selection**
 - Add'l Life Ins.
 - Deferred Comp
 - OE Confirmation

Open Enrollment Summary View

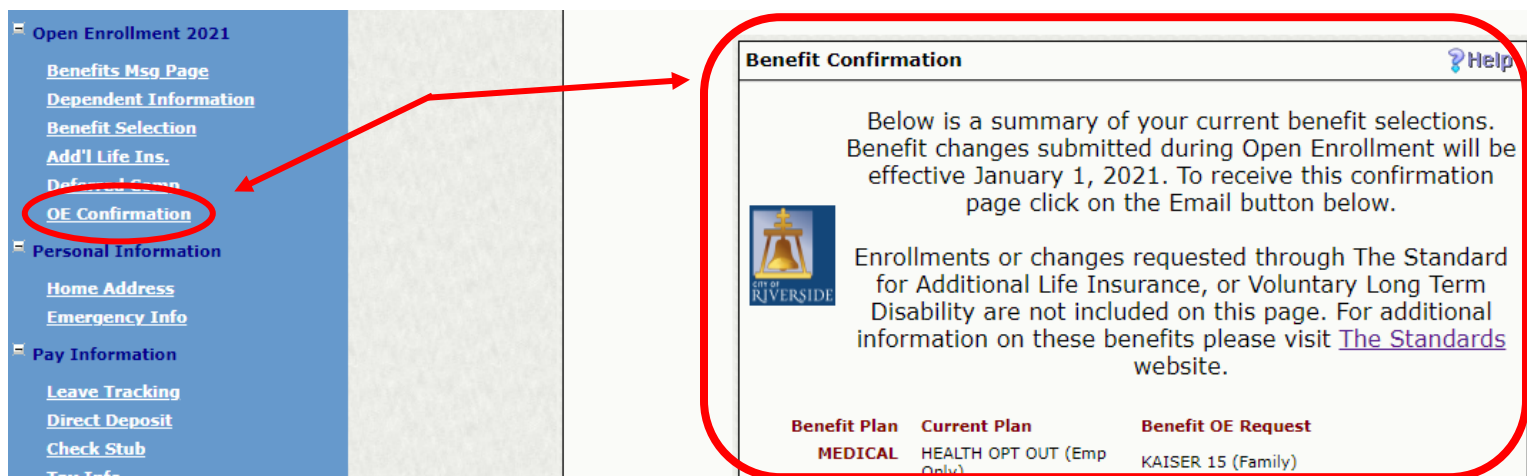
Coverage Type	Current Coverage	Open Enrollment Requests	Enrollment Status
MEDICAL	BLUE SHIELD 15		Not Selected
DENTAL	LOC ADV PRETAX		Not Selected
FSA HEALTH CARE	125 HLTH PRETAX		Not Selected
LEGAL PLAN	none		Not Selected
FSA DEPENDENT CARE	FSA DPNDT PRETX		Not Selected
LTD - MANAGEMENT	none		Not Selected
ADDITIONAL LIFE	ADDITIONAL LIFE		Active

- **Medical and/or Dental plans** - You may enroll or switch to another medical and/or dental plan. You must submit a separate request for each.
- **Add/drop eligible dependents** - New/existing dependents must be associated to your new medical and/or dental plan by placing a check mark next to their name. If you wish to drop an existing dependent, you must un-check the box next to their name.
- **Blue Shield HMO plans** - When selecting a Blue Shield HMO plan a Primary Care Physician(PCP) identification number needs to be entered for you and each dependent on the medical screen. The Finding a Doctor tool can be used to find the PCP number for each doctor, this tool can be accessed at www.blueshield.com/networkhmo

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- **Blue Shield PPO plans** – No PCP number is required when enrolling in a PPO plan. However, you can verify if your Physician is in the Blue Shield PPO network at www.blueshieldca.com/networkppo
- **Health Opt-Out Program (available for eligible employees) or Medical Decline** – Employees who wish to participate or continue to participate in the Health Opt-Out Program for 2020 must renew their participation by re-electing this option and submitting proof of alternate coverage.
- **Flexible Spending Account (FSA) – Health Care or Dependent Care** – annual elections must be renewed for 2020 via Employee Online. If you do not submit a request for 2020, participation in the plan(s) will end 12/31/2019. The Health Care plan has a carryover provision and balances up to \$500 will be carried over automatically with no need to re-enroll in the plan. However, if you elect not to enroll for 2020, but you have a carryover amount, you will be responsible for the \$6.00 monthly administrative fee for the entire calendar year.
- **Long Term Disability (LTD)** - Eligible employees (depending on bargaining unit) may participate in LTD and/or VSTD; an option to enroll or cancel is available to those employees via The Standard's website <https://standard.benselect.com/Enroll/Login.aspx?Path=riversideca>
- **Additional Life Insurance** – New applications, cancellations or changes to an existing policy are accepted online via The Standard's website <https://standard.benselect.com/Enroll/Login.aspx?Path=riversideca>
- **LegalGUARD** –The LegalGUARD plan is \$17.54 monthly (includes dependent coverage). Enrollment is voluntary and 100% employee-paid with an after-tax premium deduction. Employees can enroll/cancel enrollment in this plan at any time.

Step 4: Open Enrollment Confirmation - Verify your open enrollment selections. Print and/or email your open enrollment confirmation statement before exiting the EO system. If you submit a request and later want to make a change, simply go back to the Benefits Selection screen and modify your election by clicking on the benefit and selecting the "delete this request" option, you will then be able to submit a new request.



Benefit Confirmation

Below is a summary of your current benefit selections. Benefit changes submitted during Open Enrollment will be effective January 1, 2021. To receive this confirmation page click on the Email button below.

Enrollments or changes requested through The Standard for Additional Life Insurance, or Voluntary Long Term Disability are not included on this page. For additional information on these benefits please visit [The Standards](#) website.

Benefit Plan	Current Plan	Benefit OE Request
MEDICAL	HEALTH OPT OUT (Emp Only)	KAISER 15 (Family)